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NO. 9888 P. 1/8

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CENTRAL FAX CENTER

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FAX TRANSMISSION

DATE: February 1, 2006

PTO IDENTIFIER: Application Number 10/558578
Patent Number

Inventor: Paul Wallace

MESSAGE TO: MS PCT - US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: CONNOLLY BOVE LODGE & HUTZ LLP

Ashley I. Pezzner

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Attorney Dkt. #: 09931-00047-US

PAGES (Including Cover Sheet): 8

CONTENTS: Fee Transmittal (1 page)
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PTO/SB/97 (09-04)

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Application No. (If known): 10/558578

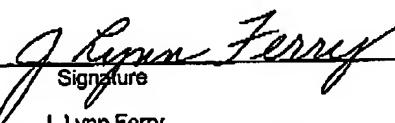
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|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------------------------|-------------------|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005 | | Complete if Known | |
| | | Application Number | 10/558578 |
| | | Filing Date | November 29, 2005 |
| | | First Named Inventor | Paul Wallace |
| | | Examiner Name | Not Yet Assigned |
| | | Art Unit | N/A |
| <input type="checkbox"/> | Applicant claims small entity status. See 37 CFR 1.27. | TOTAL AMOUNT OF PAYMENT (\$ 130.00) Attorney Docket No. 09931-00047-US | |

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------|-------------------------------|---------------------------------------------------|--|
| METHOD OF PAYMENT (check all that apply) | | | | | |
| <input type="checkbox"/> Check | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): | |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | | | |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments | | | | |

| FEE CALCULATION | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------------------------------------------|----------------------|----------------------------------|-------------------------|------------------------------|------------------------------|
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | |
| <u>Application Type</u> | <u>FILING FEES</u> | | <u>SEARCH FEES</u> | | <u>EXAMINATION FEES</u> | | |
| | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fee (\$)</u> | <u>Small Entity Fee (\$)</u> | <u>Fees Paid (\$)</u> |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |
| | | | | | | | <u>Small Entity Fee (\$)</u> |
| | | | | | | | 50 25 |
| | | | | | | | 200 100 |
| | | | | | | | 360 180 |
| 2. EXCESS CLAIM FEES | | | | | | | |
| <u>Fee Description</u> | | | | | | | |
| Each claim over 20 (including Reissues) 50 25 | | | | | | | |
| Each independent claim over 3 (including Reissues) 200 100 | | | | | | | |
| Multiple dependent claims 360 180 | | | | | | | |
| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | | | |
| - 20 = | x | = | | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | |
| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | | |
| - 3 = | x | = | | | | | |
| 3. APPLICATION SIZE FEE | | | | | | | |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | |
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | | | |
| - 100 = | /50 | (round up to a whole number) x | | | | | |
| 4. OTHER FEE(S) | | | | | | | |
| Non-English Specification, \$130 fee (no small entity discount) 130.00 | | | | | | | |
| Other (e.g., late filing surcharge): 1051 Surcharge-Late oath or declaration | | | | | | | |

| | |
|-----------------------------------|-------------------|
| SUBMITTED BY | |
| <u>Signature</u> | Ashley I. Pezzner |
| <u>Name (Print/Type)</u> | Ashley I. Pezzner |
| Registration No. (Attorney/Agent) | 35,646 |
| Telephone | (302) 658-9141 |
| Date | February 1, 2006 |

02/06/2006 LLANDGRA 0000005 032775 10558578

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PAGE 3/8 * RCVD AT 2/1/2006 3:26:09 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-6/30 * DNIS:2738300 * CSID:302 661 2331 * DURATION (mm:ss):02:10

Application No.: 10/558578

Docket No.: 09931-00047-US

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CENTRAL FAX CENTER****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

FEB 01 2006

In re Patent Application of:
Paul Wallace

Application No.: 10/558578

Group Art Unit: N/A

Filed: November 29, 2005

Examiner: Not Yet Assigned

For: POLYMER**TRANSMITTAL OF COMBINED DECLARATION AND POWER OF ATTORNEY**

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits herewith the executed Combined Declaration And Power Of Attorney in the above-captioned application. Applicant has not received a Notification Of Missing Requirements.

Please charge our Deposit Account No. 03-2775 in the amount of \$130.00 covering the required fees. The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 03-2775, under Order No. 09931-00047-US.

Dated: February 1, 2006

Respectfully submitted,

By

Ashley I. Pezzner

Registration No.: 35,646
CONNOLLY BOVE LODGE & HUTZ LLP
(302) 658-9141
Attorney for Applicant

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